

**VIRGINIA WING QUARTERLY SAFETY ACTIVITY REPORT**

1. Virginia Wing Headquarters  
Attn.: SE  
7401 Airfield Drive  
Richmond, VA 23237

From: (Originating Unit & Mailing Address)

2. Squadron: \_\_\_\_\_ Charter NO: \_\_\_\_\_  
Name of Assigned Safety Officer: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

3. Calendar (Check One) JAN-MAR ( ) APR-JUN ( ) JUL-SEP ( )  
Quarter OCT-DEC ( ) 19\_\_

4. Number of Safety Meetings Conducted during the Quarter: \_\_\_\_\_

5. Topics Covered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Use Reverse side to put topics in narrative form.**

6. Has an Annual Safety Survey (Attachment 4 of CAPR 62-1) been completed for the Current Year and submitted to Wing Headquarters? YES ( ) NO ( )  
If Yes, Summarize briefly: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Any Hazard of Safety Improvements (CAP Form 26 or FAA Form 8740-5) submitted during the quarter? YES ( ) NO ( )  
If Yes, Summarize briefly: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Safety Assistance is needed in the following area(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Has Unit Safety Officer been appointed on CAP Form 2A and forwarded to Group/Wing Headquarters as per VA Wing Supplement 1 to CAPR 62-1, Paragraph 2A, dated 1 January 1998?

Date 2A Submitted: \_\_\_\_\_  
Day Month Year

\_\_\_\_\_  
Date Received Wing Headquarters

\_\_\_\_\_  
Signature of Person Submitting Report

\_\_\_\_\_  
Title/Duty Assignment

10. Safety Subjects covered this Calendar Quarter in Narrative Format:

Signature (If used for Safety Award)

Grade/Title: